

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573600

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1					
15						
16						
17						
18	1					
19						
20						
21						
22	1					
23						
24						
25						
26	1					
27						
28						
29						
30	1					
31						
32						
33	1					
34						
35						
36						
37						
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39						
40						
41						
42						
43						
44						
45						
46	1					
47	1					
48						
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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94						
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96						
97						
98						
99						
100						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	58					